

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.......

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health of Michigan Inc.

NAIO	0	0004 NAIO O	0 40400		ID November	00.4050007	
	Group Code 0001 (Current)	(Prior)	any Code 12193		_		
Organized under the Laws of	Mic	higan	State of Domic	alle of Port of E		MI	
Country of Domicile		United	States of America				
Licensed as business type:		Health Mair	ntenance Organization	<u>n</u>			
Is HMO Federally Qualified?	/es[] No[X]						
Incorporated/Organized	04/22/2004		Commence	ed Business		10/01/2004	
Statutory Home Office						I, US 48034	
	(Street and I	lumber)		(City o	r Town, State, C	Country and Zip Code)	
Main Administrative Office			stern Highway, Suite : et and Number)	380B			
(Cit	Southfield, MI, US 48034	,			800-83		
, ,	Fown, State, Country and Zip			(/	, ,	ephone Number)	
Mail Address	151 Farmington Avenu (Street and Number or I				Hartford, CT, r Town, State, C	Oountry and Zip Code)	
- Primary Location of Books and	Records	28588 Northwe	estern Highway, Suite	380B			
·			et and Number)		800-83	1 1166	
	Southfield, MI, US 48034 Fown, State, Country and Zip	Code)		(/		ephone Number)	
Internet Website Address		www.ae	tnabetterhealth.com				
Statutory Statement Contact		(im E. Roth			21	5-775-6508	
·		(Name)			(Area Code)	(Telephone Number)	
St	atutoryReporting@aetna.com (E-mail Address)	1				2-7767 umber)	
	,	(OFFICERS				
Chief Executive Officer an	d PresidentTeres			Corporate	Controller	Steven Matthew C	onte #
Vice President an	d SecretaryRob	ert Mark Kessler					
Derek Scott Blunt, Sen	ior Investment Officer	Frank Farris Chro	OTHER nister III, Assistant Co	ontroller	Pe	eter Keller, Assistant Con	troller
Whitney Dorothy Lavois	e, Assistant Controller	Bryan Sheppard Na	azworth, Chief Financi	ial Officer	Tracy Louis	se Smith, Vice President	and Treasurer
		DIRECTO	RS OR TRUSTEES	S			
	Sue Foltz # conne Smith #	_			E	Bryan Sheppard Nazwort Harvey Douglas Turner	
The officers of this reporting en all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require different enclosed statement.	ets were the absolute proper dexhibits, schedules and exp reporting entity as of the rep nnual Statement Instructions exerces in reporting not relate attestation by the described ses due to electronic filing) of the Smith	ty of the said reporting lanations therein contain orting period stated abor and Accounting Practice officers also includes tif the enclosed statement Rob	entity, free and clear ned, annexed or referr ve, and of its income a ces and Procedures m as and procedures, acc the related correspond	from any lien- red to, is a full a and deductions nanual except cording to the b ding electronic	s or claims there and true statemes therefrom for the to the extent that the their infor filing with the N	eon, except as herein st ent of all the assets and li he period ended, and hav at: (1) state law may diffe rmation, knowledge and b NAIC, when required, tha	ated, and that this abilities and of the ve been completed by the complete or, or, (2) that state seller, respectively it is an exact copy in addition to the late.
State of Michigan County of Wayne		State of Arizona County of Maricopa	1			Pennsylvania Montgomery	
Subscribed and swom to before	e me this	Subscribed and sworn	to before me this		Subscribe	ed and sworn to before m	e this
ay of Jule	, 2022	day of		_, 2022	da	ay ofAugust	, 2022
D. 0. 18. 1	Ne make				R		
NOTARY PUBLIC (Seal)	3.000	NOTARY PUBLIC (Se	al)		NOTARY	PUBLIC (Seal)	
ROCHELLE D NOTARY PUBLIC COUNTY OF MY COMMISSION EXP ACTING IN COUNTY (STATE OF MI WAYNE				My Comm	alth of Pennsylvania - N E. ROTH, Notary Publi Montgomery County ission Expires April 25, nission Number 114141	2025



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health of Michigan Inc.

NAIC G	roup Code 0001	0001 NAIC Company	Code 12193 Employer's	ID Number20-1052	2897	
Organized under the Laws of	(Current)	(Prior) chigan	State of Domicile or Port of Er	ntry	MI	
Country of Domicile		United Stat	es of America			
Licensed as business type:		Health Mainten	ance Organization			
Is HMO Federally Qualified? Ye	s[] No[X]					
Incorporated/Organized	04/22/2004		Commenced Business _	10/0	01/2004	
Statutory Home Office	28588 Northwestern Hi	ghway, Suite 380B		Southfield, MI, US 4803	34	
	(Street and I	Number)	(City or	Town, State, Country and	Zip Code)	
Main Administrative Office			n Highway, Suite 380B and Number)			
	outhfield, MI, US 48034			800-831-1166		
(City or To	wn, State, Country and Zip	Code)	. (A	rea Code) (Telephone Nun	nber)	
Mail Address	151 Farmington Avenu		(City of	Hartford, CT, US 06156		
	(Street and Number or I	,		Town, State, Country and	Zip Code)	
Primary Location of Books and R	ecords		n Highway, Suite 380B			
	outhfield, MI, US 48034 wn, State, Country and Zip	Codo	, , , , , , , , , , , , , , , , , , ,	800-831-1166	- h - a	
, ,	wii, State, Country and Zip	,	,	rea Code) (Telephone Nun	niber)	
Internet Website Address		www.aetnab	etterhealth.com			
Statutory Statement Contact	<u>k</u>	(im E. Roth (Name)		215-775-6508 (Area Code) (Telephone		
State	utoryReporting@aetna.com	,		860-262-7767	. realison)	
	(E-mail Address)			(FAX Number)		
			CERS			
Chief Executive Officer and Vice President and		sa Deonne Smith # ert Mark Kessler	_ Corporate C	ontroller Steve	en Matthew Conte #	
VICE I TOSIGETE UTIL			.			
Derek Scott Blunt, Senior	Investment Officer		HER r III, Assistant Controller	Peter Keller. A	Assistant Controller	
Whitney Dorothy Lavoie,			th, Chief Financial Officer	Tracy Louise Smith, Vid		surer
		DIRECTORS	OR TRUSTEES			
Kimberly Su Teressa Deor		_			pard Nazworth uglas Turner	
The officers of this reporting entity	heing duly sworn, each de	-nose and say that they are th	 one described officers of said reno			d above
all of the herein described assets statement, together with related e condition and affairs of the said re in accordance with the NAIC Arm rules or regulations require differe Furthermore, the scope of this at (except for formatting differences enclosed statement.	were the absolute proper khibits, schedules and expli- porting entity as of the rep- porting entity as of the rep- porting entity as of the con- porting not relate testation by the described	by of the said reporting entity anations therein contained, a porting period stated above, a a and Accounting Practices and d to accounting practices and officers also includes the re	y, free and clear from any liens annexed or referred to, is a full at nd of its income and deductions nd Procedures manual except to procedures, according to the be lated corresponding electronic fi	or claims thereon, except nd true statement of all the therefrom for the period en the extent that: (1) state I est of their information, know filing with the NAIC, when	as herein stated, and assets and liabilities and ded, and have been co law may differ; or, (2) the wledge and belief, resp required, that is an ex-	that this and of the completed that state pectively.
		<u> </u>	_			
Teressa Deonne Chief Executive Officer a			ark Kessler It and Secretary		Matthew Conte prate Controller	
State of Michigan County of Wayne		State of Arizona County of Maricopa		State of Pennsylv County of Montgon		
Subscribed and sworn to before n	ne this	Subscribed and sworn to be	efore me this	Subscribed and sworn	to before me this	
day of	, 2022	day of Jul	, 2022	day of	August ,	, 2022
NOTARY PUBLIC (Seal)		NOTARY PUBLIC (Seal)	Janket _	NOTARY PUBLIC (Se	eal)	<u> </u>

	1 The Control of the
	LISA M LAMBERT
STREETING	Notary Public, State of Arizona
	Maricopa County
	Commission # 558484
	My Commission Expires
1972	January 21, 2023
CONTRACTOR OF THE PARTY OF THE	TOWNS APPEAR OF A PROPERTY OF THE PARTY OF T

a.	Is this an original filing?	 Yes[X]	No []
b.	If no,			

- 1. State the amendment number......

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	15,569,502	0		15,798,288
	Stocks:				
	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate:				
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$	0	0	0	0
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0				
	encumbrances)	0	0	0	0
5	Cash (\$				
0.	(\$				
	investments (\$0)	177 820 628	0	177,820,628	149 617 705
6.	Contract loans (including \$0 premium notes)		0		0
	Derivatives		0		0
	Other invested assets		0		0
	Receivables for securities		0		.0
	Securities lending reinvested collateral assets		0		0
	Aggregate write-ins for invested assets		0		0
	Subtotals, cash and invested assets (Lines 1 to 11)			193,390,130	
	Title plants less \$0 charged off (for Title insurers				
	only)	0	0	0	0
	Investment income due and accrued		0		
	Premiums and considerations:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	15.1 Uncollected premiums and agents' balances in the course of collection	4.043.799	70.901	3.972.898	8.438.450
	15.2 Deferred premiums, agents' balances and installments booked but	, , , ,	,	, ,	, , ,
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$9, 146, 085)	10,958,885	0	10,958,885	5,927,560
16.	Reinsurance:				, ,
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
	Amounts receivable relating to uninsured plans		0		574,471
	Current federal and foreign income tax recoverable and interest thereon		0		35,219
	Net deferred tax asset		6,372		1,479,360
	Guaranty funds receivable or on deposit		0	0	0
	Electronic data processing equipment and software		0		0
	Furniture and equipment, including health care delivery assets				
	(\$0)	0	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates				0
	Health care (\$			3,610,824	2,867,619
	Aggregate write-ins for other than invested assets		0	7,743,359	8, 191, 129
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)		2,589,728	222,233,456	193,043,557
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0	0
28.	Total (Lines 26 and 27)	224,823,184	2,589,728	222,233,456	193,043,557
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
	Summary of remaining write-ins for Line 11 from overflow page				0
	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
	Insurance provider assessment	7,743.359	0	7,743,359	8, 191, 129
2502.	Thou also provides accession.			,	
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page		0	0	0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,743,359	0		8, 191, 129
2599.	rotais (Lines 250 r trirough 2503 pius 2598)(Line 25 above)	1,143,309	<u> </u>	1,143,309	0, 191, 129

LIABILITIES, CAPITAL AND SURPLUS

2. Ad 3. Ui 4. Aq \$ 5. Aq 6. Pi 7. Aq 8. Pi 9. Gi 10.1 Ci (ir	Claims unpaid (less \$	3,899,337	Current Period 2 Uncovered		Prior Year 4 Total76,743,627 3,741,609
2. Ad 3. Ui 4. Aq \$ 5. Aq 6. Pi 7. Aq 9. Gi 10.1 Ci (ir	Accrued medical incentive pool and bonus amounts Inpaid claims adjustment expenses Aggregate health policy reserves, including the liability of \$	65,782,2563,899,337	10,824,540	76,606,796	76,743,627
2. Ad 3. Ui 4. Ad \$ 5. Ad 6. Pi 7. Ad 9. Gi 10.1 Ci (ir	Accrued medical incentive pool and bonus amounts Inpaid claims adjustment expenses Aggregate health policy reserves, including the liability of \$	3,899,337	0		, ,
3. Ui 4. A \$ 5. A 6. Pi 7. A 8. Pi 9. G 10.1 Ci (ir	Unpaid claims adjustment expenses			3,899,337	3 741 609
3. Ui 4. A \$ 5. A 6. Pi 7. A 8. Pi 9. G 10.1 Ci (ir	Unpaid claims adjustment expenses		n		, 1 7 1,000
4. A(\$ F. A(6. Pi 7. A(8. Pi 9. Gi 10.1 Ci (ir	aggregate health policy reserves, including the liability of \$, ,	U	1,805,071	1,828,040
\$ 5. A(6. Pi 7. A(8. Pi 9. G 10.1 Ci	\$0 for medical loss ratio rebate per the Public			, ,	, ,
5. A(6. Pi 7. A(8. Pi 9. Gi 10.1 Ci					
5. A(6. Pi 7. A(8. Pi 9. Gi 10.1 Ci	nealth Service Act	12 105 040	0	12 105 049	14 012 261
6. Pi 7. Aç 8. Pi 9. G 10.1 Ci					
7. Aç 8. Pı 9. Gı 10.1 Cı (ir	aggregate life policy reserves				0
8. Pt 9. G 10.1 C (ir	Property/casualty unearned premium reserve				0
9. G 10.1 Ci (ir	ggregate health claim reserves	0	0	0	0
10.1 Ci	Premiums received in advance	25,445	0	25,445	17,554
10.1 Ci	General expenses due or accrued	7,945,026	0	7,945,026	8,292,146
(ir	Current federal and foreign income tax payable and interest thereon				
	ncluding \$0 on realized gains (losses))	0	0	0	0
1 40 0 M					
	let deferred tax liability				0
	Ceded reinsurance premiums payable				0
	mounts withheld or retained for the account of others				0
13. R	Remittances and items not allocated	527,359	0	527,359	438,301
14. Bo	orrowed money (including \$0 current) and				
inf	nterest thereon \$0 (including				
	\$0 current)	0	0	0	0
	mounts due to parent, subsidiaries and affiliates		0		
	Derivatives		0		
	ayable for securities		0		
18. Pa	ayable for securities lending	0	0	0	0
19. Fu	unds held under reinsurance treaties (with \$0				
г	authorized reinsurers, \$240,488 unauthorized				
r	reinsurers and \$0 certified reinsurers)	240,488	0	240,488	115,287
20. Re	teinsurance in unauthorized and certified (\$0)				
	companies	0	0	0	0
	let adjustments in assets and liabilities due to foreign exchange rates			_	0
	iability for amounts held under uninsured plans	10,000,003	0	10,660,663	, 947,860
	ggregate write-ins for other liabilities (including \$0				
	urrent)		0		535,393
24. To	otal liabilities (Lines 1 to 23)	133,401,899	10,824,540	144,226,439	127,846,117
25. A	ggregate write-ins for special surplus funds	XXX	XXX	0	0
	Common capital stock				1,000,000
	Preferred capital stock				0
	Gross paid in and contributed surplus				34,601,000
	surplus notes				0
	ggregate write-ins for other than special surplus funds				0
31. U	Inassigned funds (surplus)	XXX	XXX	42,406,017	29,596,440
32. Le	ess treasury stock, at cost:				
32	2.10 shares common (value included in Line 26				
	\$	XXX	xxx	0	0
	2.20 shares preferred (value included in Line 27				
	\$	VVV	VVV	0	0
	otal capital and surplus (Lines 25 to 31 minus Line 32)				65 , 197 , 440
34. To	otal liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	222,233,456	193,043,557
D	DETAILS OF WRITE-INS				
2301. Ca	apitation premium liability	4,414,469	0	4,414,469	0
2302. Ab	bandoned property liability	617.061	0	617.061	535,393
					ŕ
	Summary of remaining write-ins for Line 23 from overflow page				
	otals (Lines 2301 through 2303 plus 2398)(Line 23 above)	5,031,530	0	5,031,530	535,393
			XXX		
2502		XXX	XXX		
2503		xxx	XXX		
2598. St	Summary of remaining write-ins for Line 25 from overflow page	xxx	xxx	0 [0
	otals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
			XXX	_	
3098. St	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
	otals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Your To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX		398,752	826 , 108
2.	Net premium income (including \$0 non-health				
	premium income)	XXX	278,989,632	238,991,079	496 , 424 , 144
3.	Change in unearned premium reserves and reserve for rate credits	XXX	(1,432,424)	(3,882,443)	(6,264,585)
4.	Fee-for-service (net of \$ medical expenses)	XXX	0	0	0
5.	Risk revenue				0
6.	Aggregate write-ins for other health care related revenues				0
7.	Aggregate write-ins for other non-health revenues				0
8.	Total revenues (Lines 2 to 7)	XXX	277,557,208	235,108,636	490 , 159 , 559
	Hospital and Medical:				
9.	Hospital/medical benefits				254,284,606
10.	Other professional services			19,570,273	36,602,739
11.	Outside referrals			8,358,017	14,972,675
12.	Emergency room and out-of-area			10,173,644	23,609,673
13.	Prescription drugs			26,088,510	52,366,597
14.	Aggregate write-ins for other hospital and medical			0	4.845.469
15.	Subtotal (Lines 9 to 15)			1,547,537 184,244,107	,,
16.	Subtotal (Lines 9 to 15)	23,000,720	13,344,002	104,244,10/	386,681,759
17.	Net reinsurance recoveries	0	605 146	1 482 381	2 136 197
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)			_	0
20.	Claims adjustment expenses, including \$				
20.	containment expenses	0	13 531 550	8 887 891	23 742 764
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts				
	(including \$0 increase in reserves for life only)	0	0	0	0
23.	Total underwriting deductions (Lines 18 through 22)				471, 156, 344
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			11,307,097	19,003,215
25.	Net investment income earned			328,000	662,389
26.	Net realized capital gains (losses) less capital gains tax of				
	\$(5)			80	80
27.	Net investment gains (losses) (Lines 25 plus 26)	0	832,947	328,080	662,469
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$0)				
	(amount charged off \$0)]	0	0	0	0
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	YYY	15 973 872	11,635,177	19,665,684
31.	Federal and foreign income taxes incurred			1,950,041	3,124,252
32.	Net income (loss) (Lines 30 minus 31)	XXX	13,159,845	9.685.136	16,541,432
02.	DETAILS OF WRITE-INS	7000	10, 100, 010	0,000,100	10,011,102
0601.	DETAILS ST WATE INC	XXX			
0602.					
0603.		XXX			
0698.		XXX	0	0	n
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	n	0	n l
0701.	Totals (Lines 0001 tillough 0003 plus 0030)(Line 0 above)	XXX		3	·
0701.					
0702.					
0703.	Summary of remaining write-ins for Line 7 from overflow page		0	n	^
0798.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.	Totalo (Ellico VIVI tillough VIVO plus VIVO)(Ellie I above)	700	•	3	0
1401.					
1402.					
		0	0	0	^
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.	Totals (Lines 1401 tillough 1400 plus 1490)(Line 14 800Ve)	0	0	U	U
2902.					
2903	Common of remaining with ine for Line 20 from quality upon				^
2998.		0	U		
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (C	ontinuec	,
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	65,197,440	53,925,441	53,925,441
34.	Net income or (loss) from Line 32	13, 159,845	9,685,136	16,541,432
35.	Change in valuation basis of aggregate policy and claim reserves	0	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	216	216
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38.	Change in net deferred income tax	0	57	(21,957)
39.	Change in nonadmitted assets	(350,268)	26,158	(47,692)
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles.	0	0	0
44.	Capital Changes:			
	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus.	0	0	0
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital	0	0	0
46.	Dividends to stockholders	0	(5,200,000)	(5,200,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	12,809,577	4,511,567	11,271,999
49.	Capital and surplus end of reporting period (Line 33 plus 48)	78,007,017	58,437,008	65, 197, 440
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	274,247,841	239,594,835	495,988,476
2.	Net investment income	823,263	327,931	653,133
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	275,071,104	239,922,766	496,641,609
5.	Benefit and loss related payments	216,388,210	180, 190, 879	369,607,152
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	43,817,171	37,599,845	79,526,800
8.	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	3,086,456	3,290,969	4,440,790
10.	Total (Lines 5 through 9)	263,291,837	221,081,693	453,574,742
11.	Net cash from operations (Line 4 minus Line 10)	11,779,267	18,841,073	43,066,867
11.	Net cash from operations (Line 4 fillings Line 10)	11,779,207	10,041,073	45,000,007
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	239,678	1,244,513	1,868,429
	12.2 Stocks			0
	12.3 Mortgage loans			0
	12.4 Real estate			0
	12.5 Other invested assets			0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			102
	12.7 Miscellaneous proceeds	9,996,306	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	10,235,960	1,244,614	1,868,531
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	0	0
			0	0
	13.3 Mortgage loans			0
	13.4 Real estate	0	0	0
	13.5 Other invested assets		0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	10,235,960	1,244,614	1,868,531
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	0
	16.3 Borrowed funds		0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	0	5,200,000	5,200,000
	16.6 Other cash provided (applied)	6,187,696	11,767,694	20,319,715
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	6,187,696	6,567,694	15,119,715
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	28,202,923	26,653,381	60,055,113
19.	Cash, cash equivalents and short-term investments:	, ,, ,, ,,	,,-	,,
	19.1 Beginning of year	149,617,705	89,562,592	89,562,592
	19.2 End of period (Line 18 plus Line 19.1)	177,820,628	116,215,973	149,617,705

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	ensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	72,852	0	0	0	0	0	0	18,668	54,184	
2. First Quarter	74,653	0	0	0	0	0	0	20,688	53,965	
Second Quarter	74,571	0	0	0	0	0	0	21,595	52,976	
4. Third Quarter	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	ı
6. Current Year Member Months	449,724	0	0	0	0	0	0	126,698	323,026	
Total Member Ambulatory Encounters for Period:										
7 Physician	363,958	0	0	0	0	0	0	274, 191	89,767	
8. Non-Physician	363,901	0	0	0	0	0	0	282,091	81,810	
9. Total	727,859	0	0	0	0	0	0	556,282	171,577	(
10. Hospital Patient Days Incurred	20,411	0	0	0	0	0	0	14,433	5,978	
11. Number of Inpatient Admissions	2,930	0	0	0	0	0	0	1,661	1,269	
12. Health Premiums Written (a)	279,047,510	0	0	0	0	0	0	170,092,524	108,954,986	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	!
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	!
15. Health Premiums Earned	277,615,086	0	0	0	0	0	0	170,092,524	107,522,562	!
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	216,881,288	0	0	0	0	0	0	130,043,470	86,837,818	
18. Amount Incurred for Provision of Health Care Services	215,944,852	0	0	0	0	0	0	138,046,928	77,897,924	(

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims										
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)										
				•••••						
0299999 Aggregate accounts not individually listed-uncovered	966,352	14,623	19,847	10,517	5,641	1,016,980				
0399999 Aggregate accounts not individually listed-covered	6,009,312	77,772	112, 151	42,786	6,372	6,248,393				
049999 Subtotals	6,975,664	92,395	131,998	53,303	12,013	7,265,373				
0599999 Unreported claims and other claim reserves						69,569,988				
0699999 Total amounts withheld						C				
0799999 Total claims unpaid						76,835,361				
0899999 Accrued medical incentive pool and bonus amounts						3,899,337				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIO					1	
	Claims		Lial		5	6
	Year to			rent Quarter		
	1	2	3	4		
						Estimated Claim
	On		On			Reserve and
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred in	Claim Liability
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
A Complexity (for the form)	0	0	^		0	^
Comprehensive (hospital and medical)			U	0	0	
2. Medicare Supplement	0	0	0	0	0	0
2. Wedge Gupplement						
3. Dental Only	0	0	0	0	0	0
·						
	0	٥	0	0		•
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
3. Tederal Employees Health Beriefits Flan						
6. Title XVIII - Medicare	26,312,014	102,604,932	4,558,727	42,449,670	30,870,741	40,055,829
	04 000 707	00 700 040	0 000 004	00 100 100	00 700 040	00 007 700
7 Title XIX - Medicaid	24,309,727	60,702,049	6,399,291	23, 199, 108	30,709,018	36,687,798
8. Other health	0	0	0	0	0	0
o. Other nealth					0	
9. Health subtotal (Lines 1 to 8)		163,306,981	10,958,018	65,648,778	61,579,759	
	, ,	, ,				
	_		_	_	_	
10. Healthcare receivables (a)	0	6, 123, 279	0	0	0	5,053,878
11. Other non-health	0	٥	٥	0	0	0
11. Other non-health						
12. Medical incentive pools and bonus amounts	0	2,459,488	1,959,018	1,940,319	1,959,018	3,741,609
13. Totals (Lines 9-10+11+12)	50,621,741	159,643,190	12,917,036	67,589,097	63,538,777	75,431,358

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Aetna Better Health of Michigan, Inc. ("the Company"), indirectly a wholly-owned subsidiary of CVS Health Corporation ("CVS Health"), have been prepared in conformity with accounting practices prescribed or permitted by the Department of Insurance and Financial Services ("Michigan Department") ("Michigan Accounting Practices"). The Michigan Department recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan for the periods ended June 30, 2022 and December 31, 2021 is as follows:

		SSAP#	F/S Page	F/S Line #	2022	2021
NET IN	NCOME					
(1)	Aetna Better Health of Michigan, Inc. State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 13,159,845	\$ 16,541,432
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4)	Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 13,159,845	\$ 16,541,432
SURPI	LUS					
(5)	Aetna Better Health of Michigan, Inc. State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 78,007,017	\$ 65,197,440
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 78,007,017	\$ 65,197,440

B. <u>Use of Estimates in the Preparation of the Financial Statements</u>

The preparation of these financial statements in conformity with Michigan Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenues and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at June 30, 2022. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities ("LB&SS") discussed in Note 1C. (6) below, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

- (3) through (5): No significant change.
- (6) Loan-Backed and Structured Securities

The Company did not have any loan-backed and structured securities at June 30, 2022.

(7) through (20): No significant change.

D. Going Concern

As of August 10, 2022, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or corrections of errors in the period ended June 30, 2022.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

- A. through C.: No significant change.
- D. The Company did not have any loan-backed securities at June 30, 2022.
- E. <u>Dollar Repurchase Agreements and/or Securities Lending Transactions</u>
 - (1) and (2): No significant change.
 - (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of June 30, 2022.
 - (4) through (7): No significant change.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at June 30, 2022.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at June 30, 2022.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at June 30, 2022.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at June 30, 2022.

- J. through L.: No significant change.
- M. The Company did not have any working capital finance investments at June 30, 2022.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at June 30, 2022.
- O. through Q.: No significant change.
- R. The Company did not participate in any Qualified Cash Pools at June 30, 2022.
- 6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

The Company did not have any derivative instruments at June 30, 2022.

9. <u>Income Taxes</u>

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

- 11. <u>Debt</u>
 - A. The Company did not have any items related to debt, including capital notes at June 30, 2022.
 - B. The Company did not have any Federal Home Loan Bank agreements at June 30, 2022.
- 12. <u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at June 30, 2022.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

- 14. Liabilities, Contingencies and Assessments
 - A. No significant change.
 - B. Assessments

Insurance Provider Assessment

Effective October 1, 2018 the Company is required to pay the annual Insurance Provider Assessment ("IPA"). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the Medicaid program is fully reimbursed by MDHHS. The Company recognized \$15,934,487 of net premium income and \$15,934,487 as general administrative expenses as of June 30, 2022 related to the IPA. The Company has \$7,743,359 as an aggregate write-in for other than invested assets and \$7,743,359 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at June 30, 2022 related to the payments and reimbursements for 2022 assessment, effective July 2022.

C through F: No significant change.

15. Leases

No significant change.

16. <u>Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk</u>

No significant change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. <u>Transfers of Receivables Reported as Sales</u>

No significant change.

B. Transfer and Servicing of Financial Assets

- (1) No significant change.
- (2) and (3): The Company did not have any servicing assets or liabilities at June 30, 2022.
- (4) The Company did not have any securitized financial assets at June 30, 2022.
- (5) through (7): No significant change.

C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
- (2) The Company had no securities sold during the quarter ended June 30, 2022 and reacquired within 30 days of the sale date.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans - As of June 30, 2022, the Company has received payments totaling \$38,492,804 and paid a total of \$38,492,804 to the hospitals on behalf of the MDHHS for managed care Medicaid pass-through graduate medical education, hospital reimbursement adjustments, specialty network access and patient centered medical home administration programs.

			(1)		(2)	(3)
		AS	SO Uninsured Plans	Partia	ed Portion of lly Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	_	\$	_	\$ _
b.	Total net other income or expenses (including interest paid to or received from plans)		_		_	_
c.	Net gain or (loss) from operations		_		_	_
d.	Total claim payment volume	\$	38,492,804	\$	_	\$ 38,492,804

B and C: No significant change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

20. Fair Value Measurements

A.

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of June 30, 2022.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during June 30, 2022.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at June 30, 2022.
- B. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:
 - Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
 - **Level 2** Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.

Level 3 - Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at June 30, 2022 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term, and cash equivalents	\$192,280,249	\$192,493,006	\$ 9,929,883	\$182,350,366	\$ —	\$ —	\$

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

No significant change.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through August 10, 2022 for the statutory statement issued on August 11, 2022.

The Company had no known reportable recognized subsequent events.

B. Type II - Non-Recognized Subsequent Events

Subsequent events have been considered through August 10, 2022 for the statutory statement issued on August 11, 2022.

The Company had no known reportable non-recognized subsequent events.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. through D.: No significant change.

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]
- (2) through (5): Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2021 were \$82,313,276. As of June 30, 2022, \$52,449,781 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$12,917,036 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$16,946,459 favorable prior-year development since December 31, 2021 to June 30, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$10,833,988 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.
- B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26	Intercompany Pooling Arrangements	

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. <u>Premium Deficiency Reserves</u>

No significant change.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring Domicile, as required by the Model Act?						Ye	es [] N	o [X]
1.2	If yes, has the report been filed with the domiciliary state?						Ye	es [] N	o []
2.1	Has any change been made during the year of this statement in the creporting entity?							es [] N	o [X]
2.2	If yes, date of change:										
3.1	Is the reporting entity a member of an Insurance Holding Company S is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.	ystem consisting	g of two or more affiliated	d persons, o	one or mo	re of wh	nich Ye	es [X] N	0 []
3.2	Have there been any substantial changes in the organizational chart	since the prior q	uarter end?				Ye	s [X] N	o []
3.3	If the response to 3.2 is yes, provide a brief description of those changes. Effective May 6, 2022, Aetna Health Insurance (Thailand) Public Company Limited, Aetna Holdings (Thailand) Limited, Minor Health Enterprise Co. Ltd, Health Care Management Co., Ltd, and Aetna Services (Thailand) Limited are no longer part of the CVS Health Group due to the shares being sold to a third party. Effective June 1, 2022, PayFlex Holdings, Inc. and PayFlex Systems USA, Inc. were sold to MTC Intermediate Holdco, Inc. Effective July 1, 2022, Aetna Insurance Company of Connecticut was sold to Continental Casualty Company, a subsidiary of Loews Corporation.										
3.4	Is the reporting entity publicly traded or a member of a publicly traded	d group?					Ye	s [X] N	o []
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.							000	000648	303	
4.1	.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?							es [] N	o [X]
4.2	1.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.										
	1 Name of Entity		2 NAIC Company Code		3 Domicile						
5.	If the reporting entity is subject to a management agreement, includir in-fact, or similar agreement, have there been any significant change If yes, attach an explanation.						Yes []	No [Х]	N/A	[
6.1	State as of what date the latest financial examination of the reporting	entity was made	e or is being made				<u> </u>	12/	/31/20	020	
6.2	State the as of date that the latest financial examination report becardate should be the date of the examined balance sheet and not the control of the cont							12/	/31/20	020	
6.3	State as of what date the latest financial examination report became the reporting entity. This is the release date or completion date of the date).	e examination re	port and not the date of	he examina	ition (bala	ance she	eet	05/	/23/20	022	
6.4 6.5	By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial ex statement filed with Departments?						Yes []	No [. 1	N/A	[X
6.6	Have all of the recommendations within the latest financial examinati	on report been o	complied with?				Yes [X]	No [.]	N/A	[
7.1	Has this reporting entity had any Certificates of Authority, licenses or revoked by any governmental entity during the reporting period?	٠ ,	0 1	/ 11	,			es [] N	o [X]
7.2	If yes, give full information:										
8.1	Is the company a subsidiary of a bank holding company regulated by	the Federal Res	serve Board?				Ye	s [] N	o [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding	g company.									
8.3	Is the company affiliated with one or more banks, thrifts or securities	firms?					Ye	es [] N	o [X]
8.4	If response to 8.3 is yes, please provide below the names and locatic regulatory services agency [i.e. the Federal Reserve Board (FRB), th Insurance Corporation (FDIC) and the Securities Exchange Commission	e Office of the C	omptroller of the Curren	cy (OCC), t	he Feder	al Depos					
	1 Affiliate Name	l	2 Location (City, State)		3 FRB	4 OCC	5 FDIC	6 SEC			

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?			Yes [X	[] N	0 []	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporti	ng entity;					
	(c) Compliance with applicable governmental laws, rules and regulations;						
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and						
	(e) Accountability for adherence to the code.						
9.11	If the response to 9.1 is No, please explain:						
9.2	Has the code of ethics for senior managers been amended?			Yes [X	(] N	o []	l
9.21							
	In the second quarter the Code of Conduct was updated to include Office of Workplace Assistance and the CVS He content. Refer to page 6 and various references to the OWA/Ombuds team throughout the Code. In the first quarte updated to revise the definition of PII to be included before PHI. This was to clarify that PII was not a subset of PHI.	the code of conduct v	vas				
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [1 N	n [X]	1
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).			100 [, .	• [N]	
	FINANCIAL						
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?			Yes [1 N	o [X]	
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:						
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:	erwise made available	for	Yes [] N	o [X]	I
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:						
13.	Amount of real estate and mortgages held in short-term investments:						
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [] N	o [X]	
17.2	if yes, please complete the following.	1			2	2	
		Prior Year-End				Quarte	
		Book/Adjusted Carrying Value				djusted g Value	
14 21	Bonds	Carrying value	<u> </u>	\$			
	Preferred Stock Stock			\$			
	Common Stock			\$			
	Short-Term Investments			\$			0
	Mortgage Loans on Real Estate			\$			
	All Other			\$			
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)			\$			
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above)	J	\$			0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [1 1	o [X]	ı
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?						
	irro, attaon a accomption with this statement.						
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date	e:					
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		\$				0
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Pa	arts 1 and 2	\$				0
	16.3 Total payable for securities lending reported on the liability page		\$				0

GENERAL INTERROGATORIES

17.1	Outsourcing of Critica	Functions, Custo	lk or trust company in accordance dial or Safekeeping Agreements requirements of the NAIC Finance	of the NAIC F	inancial Conditi	on Examiners H dbook, complete	landbook?	Yes	[X] No [
		1 Name of Cust	odian(s)			2 Custodian Addr	000		
	State Street Bank an	nd Trust Company	outan(s)		t Financial Cer	nter; One Linco	In Street; Boston, MA		
17.2	For all agreements the location and a comple		ith the requirements of the NAIC	Financial Cor	ndition Examine	rs Handbook, p	rovide the name,		
	1 Name(2 Location(s)		(3 Complete Expla	nation(s)		
17.3 17.4	Have there been any of the search of the sea		name changes, in the custodiar	n(s) identified i	n 17.1 during th	e current quarte	or?	Yes] No [X]
	1 Old Custo	odian	2 New Custodian	Dat	3 e of Change		4 Reason		
17.5	make investment deci	sions on behalf of	vestment advisors, investment n the reporting entity. For assets ti ment accounts"; "handle secu	hat are manag irities"]	ed internally by				
	Derek S. Blunt as Se	Name of Firm enior Investment (or Individual Officer	Affil	2 ation				
	17.5097 For those firm	ns/individuals liste	d in the table for Question 17.5, o	do any firms/ir	dividuals unaffil			Yes	[] No [X
	17.5098 For firms/indi	viduals unaffiliated	d with the reporting entity (i.e. det t aggregate to more than 50% of	signated with a	a "U") listed in th	ne table for Que	stion 17.5, does the		[] No [X
17.6		· ·	e table for 17.5 with an affiliation		•				1 1 10 1 1
	1		2			3	4		5
	Central Registration								Investment Management Agreement
									Agreement
	Depository Number	Derek S. Blunt	Name of Firm or Individual		Legal Entity	Identifier (LEI)	Registered With		(IMA) Filed
	Depository Number N/A				N/A		Not registered		(IMA) Filed
18.1 18.2	Depository Number N/A				N/A		Not registered		(IMA) Filed
	Depository Number N/A Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or obliga c. The insurer has	Lirements of the Positive SI securities, the result in ecessary to perform a servailable.	urposes and Procedures Manual eporting entity is certifying the foll nit a full credit analysis of the secontracted interest and principal ation of ultimate payment of all credits.	of the NAIC Ir lowing element curity does not payments.	ts for each self- exist or an NAI	rsis Office been designated 5GI C CRP credit ra	followed?security:	Yes	(IMA) Filed NO[X] No [
19.	Depository Number N/A Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or obligo c. The insurer has Has the reporting enti By self-designating PI a. The security wa b. The reporting er c. The NAIC Desig on a current priv	direments of the Policy of the	eporting entity is certifying the following a full credit analysis of the secontracted interest and principal ation of ultimate payment of all costs of securities? reporting entity is certifying the foto January 1, 2018. ital commensurate with the NAIC of from the credit rating assigned and by the insurer and available for	of the NAIC Ir lowing elemen curity does no payments. ontracted inter collowing eleme C Designation by an NAIC Cor examinatior	ts for each self- exist or an NAI est and principa ents of each self reported for the RP in its legal of	designated 5GI C CRP credit ration.	Not registered	Yes	(IMA) Filed NO
18.2	Depository Number N/A Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not a b. Issuer or oblige c. The insurer has Has the reporting enti By self-designating Pl a. The security wa b. The reporting er c. The NAIC Desig on a current pri d. The reporting enti Has the reporting enti	Direments of the Policy of the	eporting entity is certifying the foll mit a full credit analysis of the secontracted interest and principal ation of ultimate payment of all costs securities? reporting entity is certifying the foto January 1, 2018. ital commensurate with the NAIC d from the credit rating assigned led by the insurer and available for the securities?	of the NAIC Ir lowing element curity does not payments. ontracted intermediate of the contracted in th	ts for each self- exist or an NAI est and principa ents of each self- reported for the RP in its legal of by state insural with the SVO.	rsis Office been designated 5GI C CRP credit ra al. f-designated PL security. seapacity as a NF nce regulators.	Not registered	Yes	(IMA) Filed NO
8.2 19.	Depository Number N/A Have all the filing requ If no, list exceptions: By self-designating 50 a. Documentation security is not b. Issuer or obligo c. The insurer has Has the reporting enti By self-designating PI a. The security wa b. The reporting et c. The NAIC Desig on a current pri d. The reporting enti By assigning FE to a self-to a sel	irrements of the Policy of the	eporting entity is certifying the foll mit a full credit analysis of the secontracted interest and principal ation of ultimate payment of all contracted interest and principal ation of ultimate payment of all contracted interest and principal ation of ultimate payment of all contracted interest and principal ation of ultimate payment of all contracted interest and principal ation of ultimate payment of all contracted interest into a contracted interest and principal ation the proposition of the proposi	of the NAIC Ir lowing element curity does not payments. ontracted intermollowing elements. C Designation I by an NAIC Core examination e PL security with the partial of the payments of the payments. C Designation assigned by an ic credit rating.	ts for each self- exist or an NAI est and principal ents of each self- reported for the RP in its legal of by state insura with the SVO. ertifying the folio	designated 5GI C CRP credit rall. Georgia and the security as a NF name regulators. Designated PL security as a NF name regulators. Designated PL security as a NF name regulators.	followed?security: ating for an FE or PL GI security: RSRO which is shown of each self-designated	Yes	(MA) Filed NO

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	 			8	1.0 %
	1.2 A&H cost containment percent	 				3.5 %
	1.3 A&H expense percent excluding cost containment expenses	 			1	3.5 %
2.1	Do you act as a custodian for health savings accounts?	 Yes []	No [Х]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 				0
2.3	Do you act as an administrator for health savings accounts?	 Yes []	No [Х]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$ 				0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes [X]	No []	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [1	No ſ	1	

Showing All New Reinsurance Treaties -	Current Vear to Date

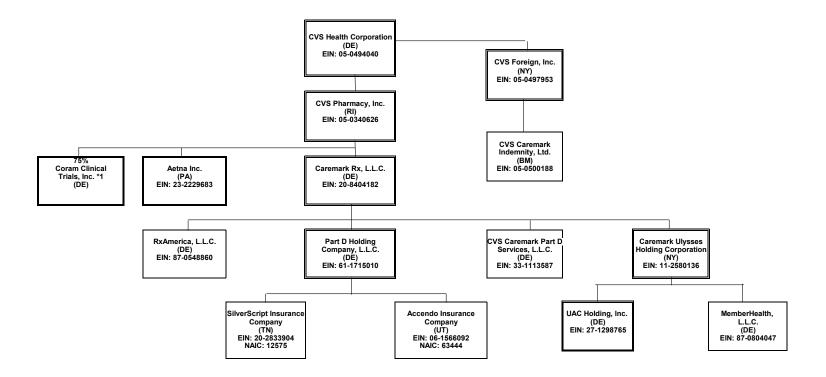
	Showing All New Reinsurance Treaties - Current Year to Date											
NAIC Company Code	2 ID Number	Effective Date Name of Re	5 Domiciliar	6 Type o v Reinsura	7 Type of Business	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer				
Code	Number	Date Name of Re	emsurer Jurisdictio	i Ceded	Ceded	Type of Reinsulei	(1 through 6)	Rating				
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories 10 Federal Life and Annuity Premiums & Other Employees Health Accident and Health Total Columns 2 Active Renefite Property/ Casualty CHIP Title Deposit-Type Program Premiums Premiums States, etc (a) Title XVIII Title XIX XXI Premiums sideration Premiums Through 8 Contracts Alabama ..0 ..0 .0 .0 ..0 .0 ..0 ..0 ΑL .0 ..N. Alaska ΑK N .0 .0 3. Arizona ΑZ ..0 ..0 .0 .0 ..0 .0 .0 0. .0 4. Arkansas AR N n 0 0 0 0 0 n ٥ 0 5. California CA N 0 0 0 0 0 0 0 0 0 .0 0. 6. Colorado CO N. ..0 .0 .0 .0 .0 .0 .0 Connecticut СТ .0 .N. ..0 ..0 .0 .0 ..0 .0 ..0 .0 DE ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 ..N 9. District of Columbia DC .N. .0 .0 .0 ..0 0. .0 .0 .0 10. Florida 0 0 0 .0 0 .0 0 0 0. 11. Georgia GΑ N. 0 .0 .0 .0 0 0 0 .0 0. 12. Hawaii н N 0 0 0 0 0 0 0 0 0 .17,793,137 .17,793,137 13. .0 0. Idaho ID ..0 .0 .0 ..0 .0 14. Illinois ..0 .0 .0 .0 ..0 .0 .0 ..0 .0 IL .N. 15. Indiana IN ..0 ..0 .0 .0 .0 .0 .0 .0 0. 16. .N .0 0. .0 .0 ..0 .0 .0 .0 .0 17. Kansas KS ..0 .0 .0 .0 .0 .0 .0 .0 .0 18 Kentucky ΚY N 0 n 0 n 0 0 n ٥ 0 19. Louisiana LA N 0 0 0 0 0 0 0 0 0 20. 0 0 Maine ME N 0 0 0 0 0 0 0 21. Maryland MD ..0 .0 .0 ..0 .0 .0 ..0 .0 .N. ..0 22. Massachusetts MA ..0 .0 .0 .0 .0 .0 .0 ..0 N. 23. Michigan .0 .97,921,282 .108,916,046 38,940 .0 .0 .0 206,876,268 .0 24. Minnesota MN ..0 ..0 .0 ..0 .0 .0 .0 .0 25. Mississippi MS N. 0 0 0 0 0 0 0 0 0 26. Missouri MO N 0 0 0 0 0 0 0 0 0 0. 27. Montana MT N. ..0 .0 .0 .0 .0 .0 .0 .0 28. Nebraska ..0 .0 .0 ..0 0. NE .N. ..0 .0 .0 ..0 29 Nevada . NV ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 30. New Hampshire .0 0. 0 .0 .0 .0 .0 0. 0. NH N New Jersey 31. ..0 ..0 .0 .0 .0 .0 .0 .0 .0 32 New Mexico NM N. ٥ ٥ ٥ ٥ ٥ ٥ Λ ٥ 0. 33. New York NY N 0 0 0 0 0 0 0 0 0 North Carolina 0 34. NC N 0 0 0 0 0 0 0 0 35. North Dakota ..0 0 .0 .0 .0 .0 .0 0 ND N. .0 36. Ohio ..0 ..0 .0 .0 ..0 .0 .0 .0 0. ОН .N. 37. Oklahoma .0 .0 .0 OK N .0 .0 .0 38 Oregon OR ..0 .54,378,105 .0 .0 ..0 .0 .0 .54,378,105 .0 39 Pennsylvania РΑ N n 0 0 0 0 0 n 0 0 40. Rhode Island RI N 0 0 0 0 0 0 0 0 0 41. South Carolina 0. SC N. ..0 .0 .0 .0 .0 .0 .0 .0 42. South Dakota SD ..0 .0 .0 .0 .N. ..0 .0 ..0 ..0 .0 ..0 ..0 .0 .0 ..0 .0 .0 .0 .0 ΤN 44. .0 .0 ..0 .0 .0 ΤX .N. 0. .0 45. Utah UT 0 0 0 .0 0 .0 0 0 0. 46. Vermont VT N. 0 .0 .0 .0 0 0 0 0 0. 47. Virginia VΑ N 0 0 0 0 0 0 0 0 0 48. Washington .0 0. WA .N. ..0 ..0 .0 .0 ..0 .0 .0 West Virginia WV 49. ..0 .0 .0 .0 ..0 .0 .0 ..0 0. N. 50. Wisconsin WI ..0 .0 .0 .0 .0 .0 .0 .0 .0 N 51. Wyoming .0 .0 .0 .0 ..0 .0 .0 .0 .0 WY N. 52 American Samoa AS .0 .0 .0 .0 .0 .0 .0 .0 .0 53 Guam GU N 0 n 0 n n 0 n ٥ 0 54. Puerto Rico PR N 0 0 0 0 0 0 0 0 0 55. U.S. Virgin Islands VI N 0 0 0 0 0 0 0 0 0 Northern Mariana 56. MP .0 .0 .0 .0 0. Islands N. ..0 .0 .0 .0 57. Canada ..0 .0 .0 .0 .0 .0 ..0 .0 .0 CAN N. 58. Aggregate Other ОТ XXX 0 0 0 0 0 0 .170,092,524 59. Subtotal .0 .108,916,046 .38,940 .0 .0 .0 279,047,510 .0 .XXX 60. Reporting Entity Contributions for Employe Benefit Plans XXX 0 0 0 170,092,524 108,916,046 61 Totals (Direct Business) XXX 38,940 0 0 0 279,047,510 0 DETAILS OF WRITE-INS 58001 XXX. 58002 XXX 58003. .XXX. 58998. Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 through XXX 0 0 0 0 0 0 0 0 0 58999 58003 plus 58998)(Line 58 above) (a

Active Status Counts:	
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG3	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state 54	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

Double borders indicate entity has subsidiaries shown on the same page.

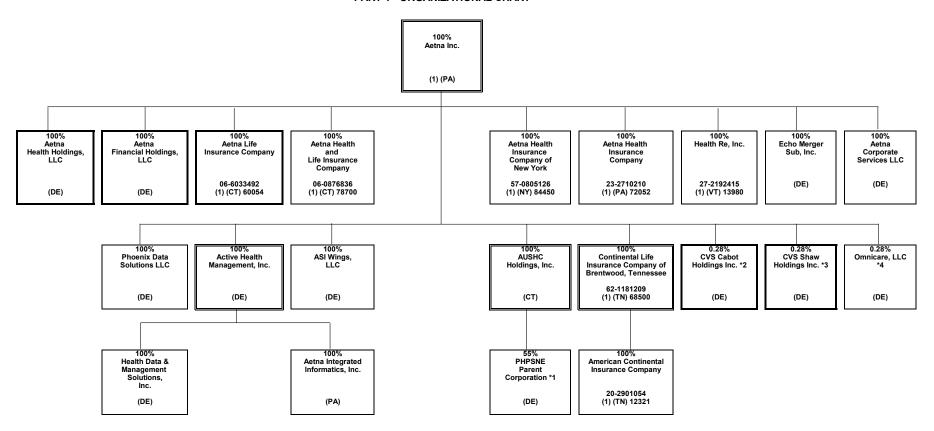
Bold borders indicate entity has subsidiaries shown on a separate page.

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

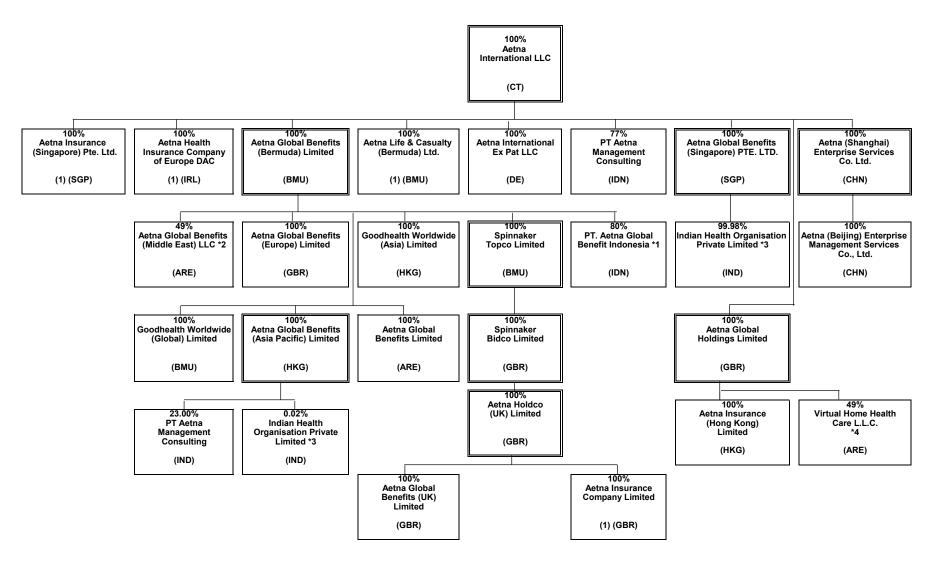
^{*1} Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



^{*1} PHPSNE Parent Corporation is also 45% owned by third parties.
*2 CVS Cabot Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*3 CVS Shaw Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdngs Inc., each with 49.86% ownership.

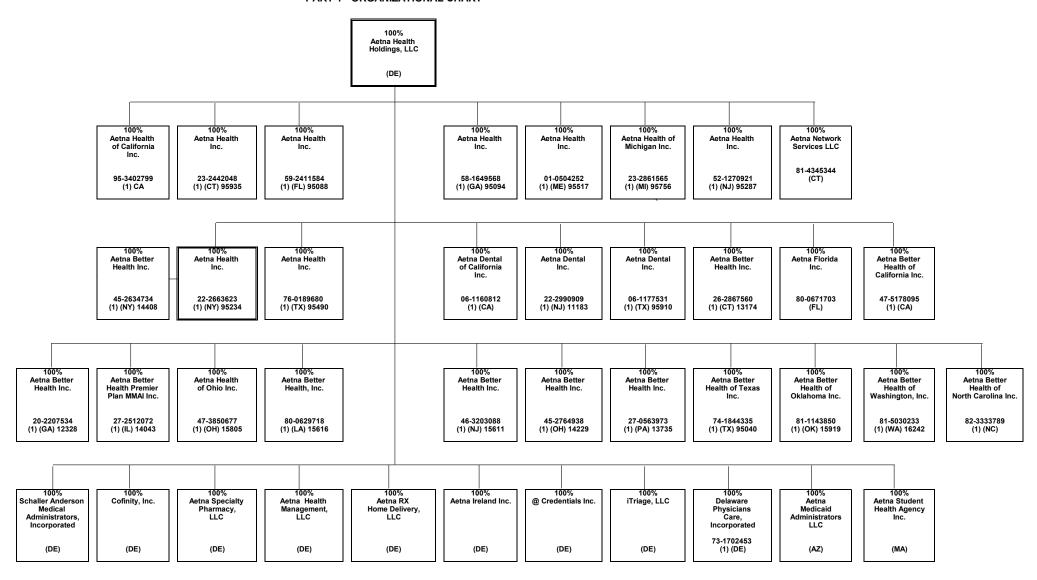


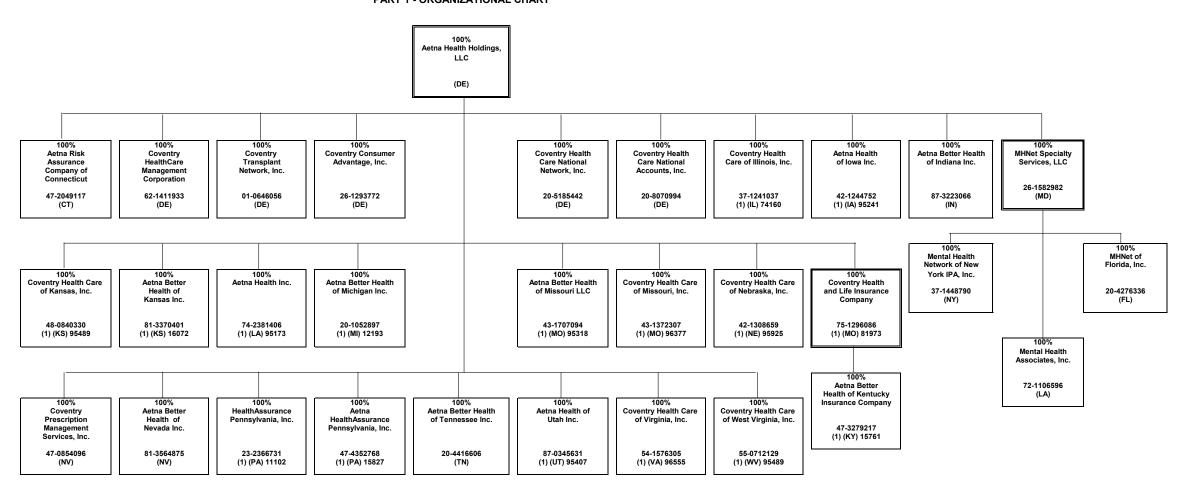
^{*1} PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.

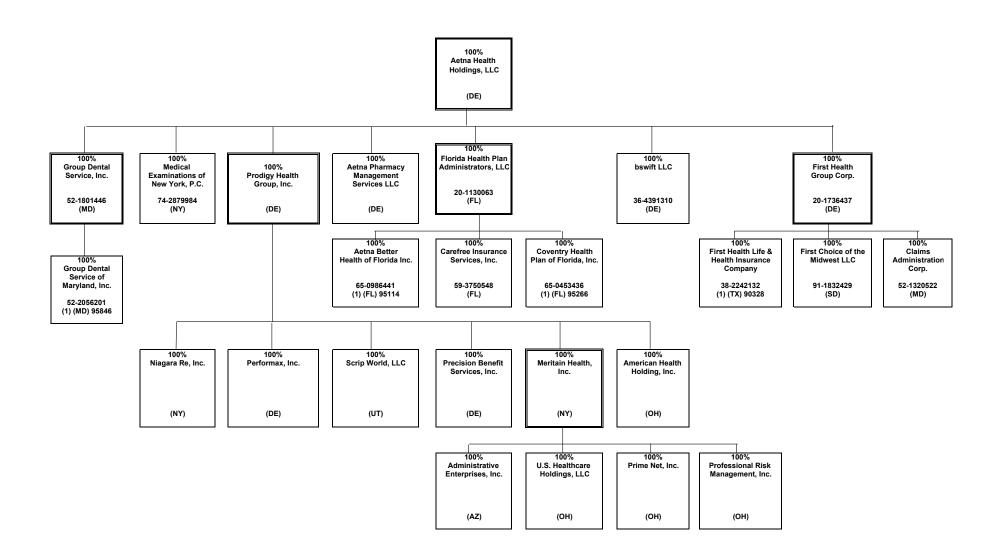
*2 Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.

*3 Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.

*4 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

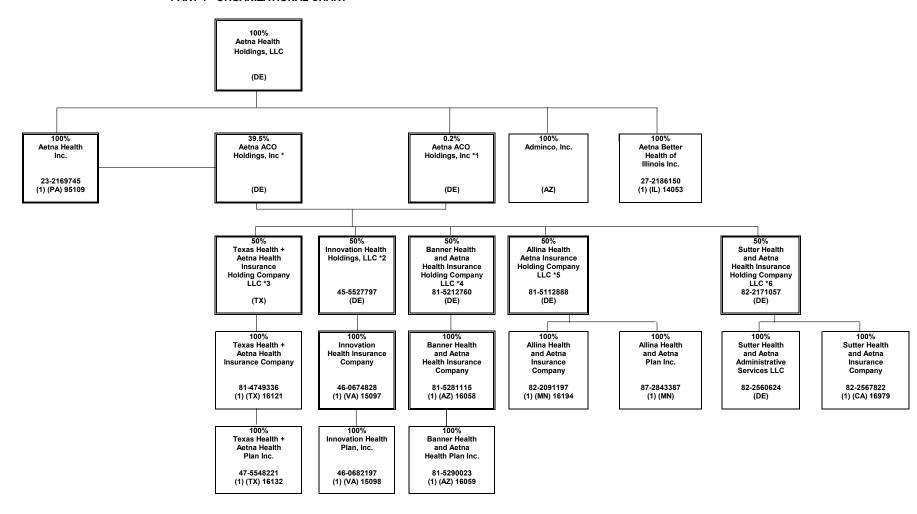






SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

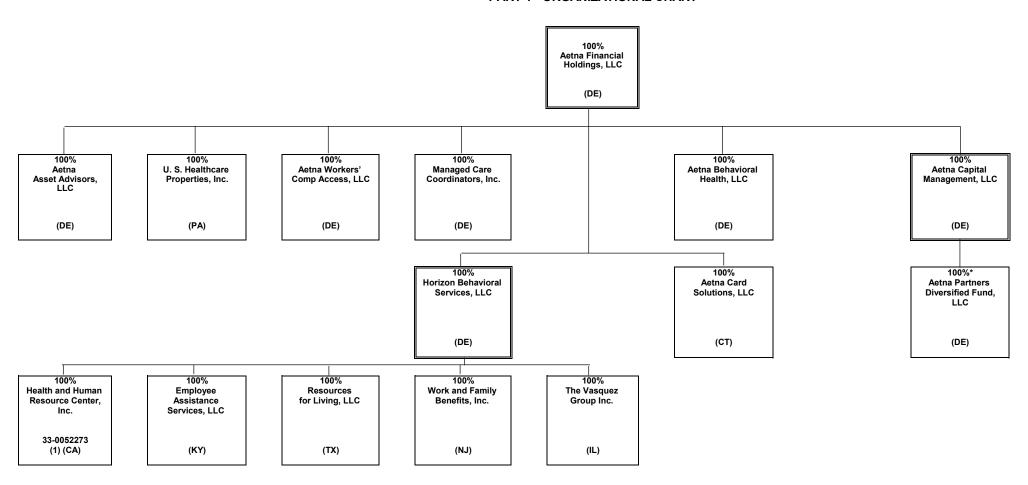


^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

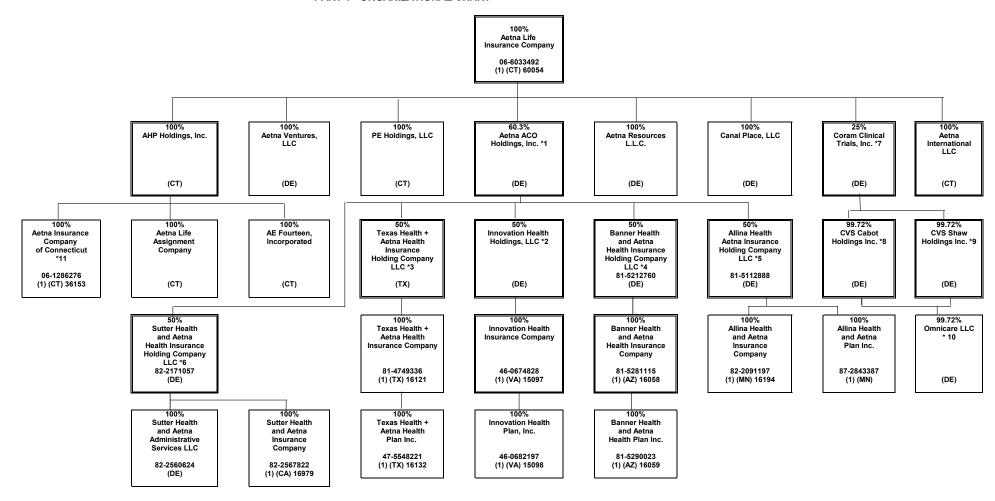
^{*2} Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

^{*3} Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

^{*5} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.



^{*} Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.



^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

^{*2} Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

^{*3} Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

^{*4} Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

^{*5} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.

^{*6} Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.
*7 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.

^{*8} CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

^{*9} CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

^{*10} Remaining .28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.

^{*11} Effective July 1, 2022, Aetna Insurance Company of Connecticut was sold to Continental Casualty Company, a subsidiary of Loews Corporation.

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		_									Type	If		,	'
											of Control	Control		,	'
											(Ownership,	is		Is an	'
						Name of Securities			Relation-		Board,	Owner-		SCA	'
						Exchange		Domi-	ship		Management,	ship		Filina	'
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	'
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	, '
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	
.0001	CVS HEALTH GROUP	Code	05-0494040	ROOD	0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation		1
0001	CVS HEALTH GROUP	63444	06-1566092		0000004000	NIOL	Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	IA.	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy. Inc.	RI	UIP	CVS Health Corporation	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx, L.L.C.	DE	NIA	CVS Pharmacy, Inc	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	. 61-1715010				Part D Holding Company, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	11–2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 87-0804047				MemberHealth, L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 27-1298765 05-0497953				UAC Holding, Inc.	DE	NIA NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	N0 N0	0
0001	CVS HEALTH GROUP	00000	. 58-2160656				CVS Foreign, Inc.	DE	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	. 23-2229683	3060706	0001122304		Coram Clinical Irlais, Inc.	DE	NIA	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	30-0123754		0001122304		Aetna Inc. Aetna Health Holdings, LLC	PA	UDP	Aetna Inc.	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	95-3402799				Aetna Health of California Inc.		IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95935	23-2442048				Aetna Health Inc.	CT	IA.	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO.	0
0001	CVS HEALTH GROUP	95517	01-0504252				Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership.	100.000	. CVS Health Corporation	NO	0
	CVS HEALTH GROUP	95287	. 52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95234	. 22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	14408	. 45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	. Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95490	. 76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95040	. 74-1844335				Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	. Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	12328	. 20-2207534				Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0!
0001	CVS HEALTH GROUP	00000	. 06-1160812 22-2990909				Aetna Dental of California Inc.	CA	IAIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0 N0	U
0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000	30-0123760				Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	13-3670795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	22-3187443				Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	. 57-1209768				Aetna Specialty Pharmacy, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 23-2671370				@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	13735	. 27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	13174	. 26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 47-5178095				Aetna Better Health of California Inc	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	14043	. 27-2512072				Aetna Better Health Premier Plan MMAI Inc.		IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	15805 15616	. 47-3850677				Aetna Health of Ohio Inc.	H	IA	Aetna Health Holdings, LLC	. Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	15616	. 80-0629718 80-0671703				Aetna Better Health, Inc.	LA FL	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO NO	V
0001	CVS HEALTH GROUP	14229	. 80-06/1/03 45-2764938				Aetna Better Health Inc.	FL OH	NIA IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	15611	46-3203088				Aetna Better Health Inc.	N.J	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO NO	0
0001	CVS HEALTH GROUP	15919	81-1143850	-			Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	04-2708160				Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	73-1702453				Delaware Physicians Care, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
]	1			Schaller Anderson Medical Administrators,]
0001	CVS HEALTH GROUP	00000	. 01-0826783				Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
	CVS HEALTH GROUP	00000	. 45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	. 16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0

	PART TA - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)		Entity(ies)/Person(s)	(Yes/No)	, .
				RSSD	CIK	international)			,			tage) "
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	YES	3
0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C	NY	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N0	6
0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
							Texas Health + Aetna Health Insurance Holding							· ·	
0001	CVS HEALTH GROUP	00000	81-3789357				Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Owner ship	50.000	CVS Health Corporation	N0	8
							Texas Health + Aetna Health Insurance Company			Texas Health + Aetna Health Insurance					
0001	CVS HEALTH GROUP	16121	81-4749336					TX	IA	Holding Company LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
										Texas Health + Aetna Health Insurance	·		·		
0001	CVS HEALTH GROUP	16132	47-5548221				Texas Health + Aetna Health Plan Inc.	TX	IA	Company	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95109	23-2169745				Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO NO	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Owner ship.	39.500	CVS Health Corporation	YES	3
0001	CVS HEALTH GROUP	00000	20-0438576				Niagara Re. Inc.	NY	NIA	Prodigy Health Group, Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	52-2200070				Performax. Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Owner strip	100.000	CVS Health Corporation	NO	0
			27-1760756					DE				100.000			
0001	CVS HEALTH GROUP	00000					Precision Benefit Services, Inc.		NIA	Prodigy Health Group, Inc.	Owner ship		CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership.	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N0	Ω
0001	CVS HEALTH GROUP	00000	86-0537707				Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc	AZ	NIA	Meritain Health, Inc.	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	H	NIA	Meritain Health, Inc	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	Q
0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Owner ship.	100.000	CVS Health Corporation	N0	0
							Continental Life Insurance Company of						·		
0001	CVS HEALTH GROUP	68500	62-1181209				Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership.	100,000	CVS Health Corporation	NO	0
										Continental Life Insurance Company of					1
0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Brentwood. Tennessee	Ownership	100.000	CVS Health Corporation	NO.	0
0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	YES	3
0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	36153	06-1276733				Aetna Insurance Company of Connecticut	CT	IA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	9
0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	06-1026469				Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Owner strip	100.000	CVS Health Corporation	NO NO	0
		00000	20-3678339					CT							
0001	CVS HEALTH GROUP	00000	06-1423207				PE Holdings, LLC	DE	NIA	Aetna Life Insurance Company	Owner ship.	100.000	CVS Health Corporation	N0 N0	0
			UD-14232U/	-			Aetna Resources L.L.C.		NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation		1n
0001	CVS HEALTH GROUP	00000					Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	20-3180700	-			Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	25.000	CVS Health Corporation	N0	13
0001	CVS HEALTH GROUP	00000	85-3918720	.			CVS Cabot Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Owner ship	99.720	CVS Health Corporation	N0	14
0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Coram Clinical Trials, Inc.	Ownership	99.720	CVS Health Corporation	N0	15
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Cabot Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	16
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Shaw Holdings Inc	Ownership	49.860	CVS Health Corporation	N0	16
0001	CVS HEALTH GROUP	00000	41-2035961	.			Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	26-2030792	.			Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	23-2354500	.			U.S. Healthcare Properties, Inc.	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	38-3704481				Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	11-3667142		0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Owner ship.	100.000	CVS Health Corporation	NO	1
0001	CVS HEALTH GROUP	00000	20-0446676	1			Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO.	0
0001	CVS HEALTH GROUP	00000	20-0446713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	1
0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	61-1193498	1			Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Owner strip	100.000	CVS Health Corporation	NO NO	0
0001	CVS HEALTH GROUP	00000	33-0052273				Health and Human Resource Center. Inc.	CA CA	NIA	Horizon Behavioral Services, LLC	Owner strip		CVS Health Corporation	NO	1b
JUUU I	UVO TEALIM UKUUP	00000	133-0052273		I		neath and muman Resource Center, Inc	UA	L I A	Inditzon denavioral Services, LLC	Uwrier SrI I P	100.000	LUVO HEALTH COPPORATION	INU	U

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	, *
0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc	NJ	NIA	Horizon Behavioral Services, LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	27-1773021				Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	78700	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	72052	23-2710210				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	84450	57-0805126				Aetna Health Insurance Company of New York	NY	IA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	06-1571642				Aetna International LLC	CT	NIA	Aetna Life Insurance Company	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	98-0211470				Aetna Life & Casualty (Bermuda) Ltd	BMU	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Aetna Insurance (Singapore) PTE. LTD	SGP	IA	Aetna International LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	86-1455140				Aetna International Ex Pat LLC	DE	NIA	Aetna International LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Owner ship	80.000	CVS Health Corporation	NO	4
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	N0	5
							Aetna Global Benefits (Asia Pacific) Limited							,	
0001	CVS HEALTH GROUP	00000						HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NI A	Aetna International LLC	Owner ship	77.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Spinnaker Topco Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Spinnaker Bidco Limited	GBR	NI A	Spinnaker Topco Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Ownership	100.000	CVS Health Corporation	NO	0
										Aetna Global Benefits (Asia Pacific)					
0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Limited	Ownership	23.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	N0	0
										Aetna Global Benefits (Asia Pacific)				!	
0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA	Limited	Ownership	0.020	CVS Health Corporation	N0	2
							Aetna Health Insurance Company of Europe DAC							!	
0001	CVS HEALTH GROUP	00000						IRL	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	N0	0
							Aetna (Shanghai) Enterprise Services Co. Ltd.							ļ !	_
0001	CVS HEALTH GROUP	00000						<u>CHN</u>	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	N0	0
2004	ava UEU TU apaup						Aetna (Beijing) Enterprise Management	01.01		Aetna (Shanghai) Enterprise Services Co.		400.000	ava u u u a u u	1	
0001	CVS HEALTH GROUP	00000					Services Co., Ltd.	CHN	NIA	Ltd.	Owner ship	100.000	CVS Health Corporation		0
0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD	SGP	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	OVO LIEM THE OPOLID	00000	1					IND	A11.*	Aetna Global Benefits (Singapore) PTE, LTD.		00.000	01/0 11 111 0		
0001	CVS HEALTH GROUP	00000					Indian Health Organisation Private Limited	IND	NIA		Owner ship	99.980	CVS Health Corporation		2
0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Global Holdings Limited	GBR	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000					Aetna Insurance (Hong Kong) Limited	HKG	IA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	06-1182176				PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	NO	
0001	CVS HEALTH GROUP	00000	52-2182411				Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	u
0001	CVS HEALTH GROUP	00000	47-0970432				Health Data & Management Solutions, Inc	DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	23-2604867				Aetna Integrated Informatics, Inc.	PA	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	13980	27-2192415 81-0579372				Health Re, Inc. Phoenix Data Solutions LLC	VT	IA NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	81-05/93/2 51-0029326				ASI Wings, LLC	DE DE	NIA NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N0 N0	0
	CVS HEALTH GROUP	00000	47-4556274					DE		Aetna Inc.					
0001	CVS HEALTH GROUP	00000	47-4556274				Echo Merger Sub, Inc.	DE	NIA NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N0 N0	0
0001	CVS HEALTH GROUP	00000	85-3918720				Aetna Corporate Services, LLC	DE	NIA NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation		0
0001	CVS HEALTH GROUP	00000	85-3918720 85-3918567				CVS Shaw Holdings Inc.	DE	NIA NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	14
0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	16
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											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NIAIO					Name of	-	- 1			- 1			
		NAIC	ı.D	F		if Publicly Traded	Names of	ciliary	to	D'action Octobre 11	Attorney-in-Fact,	Provide	LING and a Constanting	Re-	
Group		Company	, ID	Federal	0117	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	—.*—
0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0004	OUG LIEU TH ODGUD	45704					Aetna Better Health of Kentucky Insurance	101		Coventry Health and Life Insurance Company		400.000			1
0001	CVS HEALTH GROUP	15761	47-3279217				Company	KY	IA	A A	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000 95846	52-1801446 52-2056201				Group Dental Service, Inc.	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0 N0	0
0001	CVS HEALTH GROUP	95846	81-4345344				Group Dental Service of Maryland, Inc.	KD	NIA			100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95241	42-1244752				Aetna Network Services LLC	IA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95925	42-1244752				Coventry Health Care of Nebraska, Inc.	NE	IAIA	Aetna Health Holdings, LLC	Owner Ship	100.000	CVS Health Corporation	NO	y
1 000 1	CVS REALIR GROUP	90920	42-1300009				Aetna Risk Assurance Company of Connecticut	INE	IA	Aetha hearth hordings, LLC	Owner Strip	100.000	. CVS Hearth Corporation		V
0001	CVS HEALTH GROUP	00000	47-2049117				Inc.	CT	I.A.	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	11102	23-2366731				HealthAssurance Pennsylvania, Inc.	PA	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	NO	0
0001	OVO FIENETTI GITOOF	11102	20 2000/01				Coventry Prescription Management Services.	//	In	Actila ricartii riorariiga, EEo	owner strip.	100.000	. Ovo reartir corporation		
0001	CVS HEALTH GROUP	00000	47-0854096				Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	n
0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	01-0646056				Coventry Transplant Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO.	0
0001	CVS HEALTH GROUP	95318	43-1702094				Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	WV	IA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc	MI	RE	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc.	UT	IA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health of Tennessee Inc	TN	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	. CVS Health Corporation	N0	0
							Coventry Health Care National Accounts, Inc.								
0001	CVS HEALTH GROUP	00000	20-8070994					DE	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc	DE	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	. CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Owner ship	100.000	CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
0004	OVO LICAL TIL ODOLID	00000	00 0040400		I		First Health Life & Health Insurance Company	TV	1.4	First Halth Orang Or	0	100 000	0/0 1/ 14/- 0 1	110	
0001	CVS HEALTH GROUP	90328	38-2242132 91-1832429				First Chains of the Mid-set LLC	TX SD.	IA NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N0 N0	0
0001	CVS HEALTH GROUP	00000	91-1832429 52-1320522				First Choice of the Midwest LLC	SD	NIA	First Health Group Corp.	Ownership	100.000		NO	y
0001	CVS HEALTH GROUP	00000	20-1320522				Florida Health Plan Administrators, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	u
0001	CVS HEALTH GROUP	95266	65-0453436				Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	59-3750548				Carefree Insurance Services, Inc.	FL	NIA	Florida Health Plan Administrators, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	36-4391310				bswift LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	100 1010				Virtual Home Healthcare L.L.C.	ARE	NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	NO	12
0001	CVS HEALTH GROUP	00000	26-1582982				MHNet Specialty Services, LLC	MD	NIA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	37-1448790				Mental Health Network of New York IPA, Inc.	NY	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	72-1106596				Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership.	100.000	CVS Health Corporation	NO	ō
0001	CVS HEALTH GROUP	00000	20-4276336				MHNet of Florida, Inc.	FL	NIA	MHNet Specialty Services, LLC	Owner ship.	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc	WA	IA	Aetna Health Holdings, LLC	Owner ship.	100.000	CVS Health Corporation	NO	o
		1	1				Banner Health and Aetna Health Insurance			, , , , , , , , , , , , , , , , , , ,					
0001	CVS HEALTH GROUP	00000	81-5212760				Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Owner ship	50.000	. CVS Health Corporation	NO	9
							Banner Health and Aetna Health Insurance			Banner Health and Aetna Health Insurance					1
0001	CVS HEALTH GROUP	16058	81-5281115				Company	AZ	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	N0	0
		1	1		1					Banner Health and Aetna Health Insurance				1	1
0001	CVS HEALTH GROUP	16059	81-5290023	l	l		Banner Health and Aetna Health Plan Inc	AZ	IA	Company	Ownership.	100.000	CVS Health Corporation	NO	J0

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent. Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	o.oup.rumo	0000		.1002	0	international)	Allina Health and Aetna Health Insurance		y	(rame or Emay), crossly	0	.ugc		(100/110)	1
0001	CVS HEALTH GROUP	00000	81-5112888				Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc	Owner ship.	50.000	CVS Health Corporation	NO	10
										Allina Health and Aetna Health Insurance					
0001	CVS HEALTH GROUP	16194	82-2091197				Allina Health and Aetna Insurance Company	MN	IA	Holding Company LLC	Owner ship	100.000	CVS Health Corporation	N0	0
										Allina Health and Aetna Health Insurance					
0001	CVS HEALTH GROUP	00000	87-2843387				Allina Health and Aetna Health Plan Inc	MN	NIA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Sutter Health and Aetna Insurance Holding								
0001	CVS HEALTH GROUP	00000	82-2171057				Company LLC	DE		Aetna ACO Holdings, Inc.	Owner ship	50.000	CVS Health Corporation	NO	11
							Sutter Health and Aetna Administrative			Sutter Health and Aetna Insurance Holding					
0001	CVS HEALTH GROUP	00000	82-2560624				Services LLC	DE		Company LLC	Owner ship	100.000	CVS Health Corporation	N0	0
										Sutter Health and Aetna Insurance Holding					
	CVS HEALTH GROUP		82-2567822				Sutter Health and Aetna Insurance Company	CA	IA	Company LLC	Ownership		CVS Health Corporation	N0	0
	CVS HEALTH GROUP		82-3031812				Aetna Pharmacy Management Services LLC	DE		Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	NO	0
	CVS HEALTH GROUP		82-3333789				Aetna Better Health of North Carolina Inc	NC		Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	N0	0
	CVS HEALTH GROUP		27-2186150				Aetna Better Health of Illinois Inc.	L		Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	N0	0
0001	CVS HEALTH GROUP	00000	87-3223066				Aetna Better Health of Indiana Inc	IN	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	N0	0
												0.000			
ĺ			1	1				1							

Asterisk	Explanation
1 Aetna Life Insurance Company owns substantially all of	the non-managing membership interests of Aetna Partners Diversified Fund LLC.
2 Indian Health Organisation Private Limited is 0.019857	% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
3 Aetna ACO Holdings Inc. is owned by Aetna Life Insurar	ce Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
4 PT. Aetna Global Benefits Indonesia is also 20% owned	by Suhatsyah Rivai, Aetna's Nominee.
5 Aetna Global Benefits (Middle East) LLC is also 51% ov	ned by Euro Gulf LLC, Aetna's Nominee.
6 Innovation Health Holdings LLC. Is also 50% owned by	nova Health System Foundation.
7	gs, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
8 Texas Health + Aetna Health Insurance Holding Company	LLC is also 50% owned by Texas Health Resources.
9 Banner Health and Aetna Health Insurance Holding Compa	ny LLC is also 50% owned by Banner Health.
10 Allina Health and Aetna Insurance Holding Company LLC	is also 50% owned by Allina Health System.
11 Sutter Health and Aetna Insurance Holding Company LLC	is also 50% owned by Sutter Health Plan Products Organization, LLC.
12 Virtual Home Health Care L.L.C. is also 51% owned by (BD Commercial Brokers LLC, Aetna's Nominee.
13	cy, Inc. and 25% owned by Aetna Life Insurance Company.
14	al Trials, Inc. and 0.28% owned by Aetna Inc.
15	l Trials, Inc. and 0.28% owned by Aetna Inc.
16	y is also owned by CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc., with 49.86% each ownership.
17 Effective July 1, 2022, Aetna Insurance Company of Cor	necticut was sold to Continental Casualty Company, a subsidiary of Loews Corporation.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	_	Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
2.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
	Explanation:	
1.	The data for this supplement is not required to be filed.	
	Bar Code:	
1.	Medicare Part D Coverage Supplement [Document Identifier 365]	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

		1	2
		l '	Drian Vana Fradad
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mongage Loans	1	2
		ı	Prior Year Ended
		Year to Date	December 31
			December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in lest parallel amitme lesses		
9.	Total foreign exchange change in book value/recorded investment excurse accrued atterest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Cutor Long Term invested 7,650tb	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,798,288	17,645,629
2.	Cost of bonds and stocks acquired		0
3.	Accrual of discount	14,422	28,357
4.	Unrealized valuation increase (decrease)	0	273
5.	Total gain (loss) on disposals	0	0
6.	Deduct consideration for bonds and stocks disposed of	239,678	1,868,429
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	15,569,502	15,798,288
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	15,569,502	15,798,288

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation Book/Adjusted Book/Adjusted Book/Adjusted Book/Adjusted Book/Adjusted Acquisitions Carrying Value Non-Trading Activity Carrying Value Carrying Value Carrying Value Carrying Value Dispositions Beginning During During During End of End of End of December 31 NAIC Designation of Current Quarter Current Quarter Current Quarter Current Quarter First Quarter Second Quarter Third Quarter Prior Year BONDS ..164, 116, 875 ..918,963,431 ..911,855,778 .517,878 ..164, 116, 875 ..171,742,406 ..159,857,762 1. NAIC 1 (a)1.741.986 .19.001.885 .6.492 ...1,741,986 .20.750.363 ..1,738,969 2. NAIC 2 (a) .. . 0 4. NAIC 4 (a) .. 5. NAIC 5 (a) .. 0 0 6. NAIC 6 (a) .. 7. Total Bonds 165,858,861 937,965,316 911,855,778 524,370 165.858.861 192,492,769 161,596,731 PREFERRED STOCK 8. NAIC 1 ... 9. NAIC 2..... 10. NAIC 3 0 11. NAIC 4. 12. NAIC 5. 13. NAIC 6 ... 0 0 0 0 0 Total Preferred Stock 165.858.861 911.855.778 165.858.861 937.965.316 524.370 192.492.769 161,596,731 15. Total Bonds and Preferred Stock

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards ${f N}$ ${f O}$ ${f N}$ ${f E}$

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(Cash Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	145,799,029	85,442,525
2.	Cost of cash equivalents acquired	1,837,096,845	2,239,611,366
3.	Accrual of discount	664,906	205,016
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,806,637,252	2, 179, 459, 980
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	176,923,504	145,799,029
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	176,923,504	145,799,029

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired **NONE**

SCHEDULE D - PART 4

Show All Long-Term	Bonds and Stock Sold.	Redeemed or Otherw	ise Disposed of During	the Current Quarter
OHOW All LONG-161111	Dulius aliu Stock Solu.	, incuccincu di Otherw	ise Disposed of Duffit	i ilie Gullelli Qualiel

					Show All Lo	ng-∓erm Bo	nas ana Sto	ск бою, кес	deemed or C	Jinerwise L	usposea (טז טuring tr	e Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Val	ue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's		Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than		Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign		of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal		Disposal	Year	Date	Symbol
	GOVT NATL MTGE ASSN 11 POOL BF1494 3.500%	- 3								(= ======)			,								
3617G7-UT-0	01/20/48		06/01/2022	Paydown		11,923	11,923	11,932	11,929	0	(6)	0	(6)	0	11,923	0	0	0	174	01/20/2048	. 1.A
	99. Subtotal - Bonds - U.S. Governme	nts				11,923	11,923	11,932	11,929	0	(6)	0	(6)	0	11,923	0	0	0	174	XXX	XXX
	97. Total - Bonds - Part 4					11,923	11,923	11,932	11,929	0	(6)		(6)	0	11,923	0	0	0	174	XXX	XXX
	98. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
25099999	99. Total - Bonds					11,923	11,923	11,932	11,929	0	(6)	0	(6)	0	11,923	0	0	0	174	XXX	XXX
45099999	97. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
45099999	98. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	97. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999	99. Total - Preferred and Common Sto	ocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
																		····		····	
60099999		1	<u>- </u>		ļ	11.923	XXX	11.932	11.929	^	(6)	^	(6)	^	11.923	^	^	^	174	XXX	XXX
00099999	วฮ - เบเลเจ					11,923	^^^	11,932	11,929	U	(0)	U	(0)	U	11,923	U	U	U	1/4	^^^	^^^

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month	Fnd	Depository	Balances

1		3	4	5	Book Balance at End of Each Month During Current Quarter				
			Amount of	Amount of	6	7	8	1	
			Interest Received	Interest Accrued					
		Rate of	During Current	at Current					
Depository		Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*	
Bank of America Charlotte, NC		0.000	0	0	289,933		557,047	XXX	
Citi Bank New Castle, DE		0.000	0	0	329,886	335 , 113	340,077	XXX	
0199998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See					_	_	_		
instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX	
0199999. Totals - Open Depositories	XXX	XXX	0	0	619,819	951,600	897, 124	XXX	
0299998. Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See	2004	2004	0	0	0	0		2001	
instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX	
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX	
0399999. Total Cash on Deposit	XXX	XXX	0	0	619,819	951,600	897, 124	XXX	
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX	
0599999. Total - Cash	XXX	XXX	0	0	619,819	951,600	897, 124	XXX	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

		Show Investments Ov	vned End of Curren	Quarter				
1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
01099999999. Total - U.S. Governmen	it Bonds					0	0	C
0309999999. Total - All Other Govern	ment Bonds					0	0	(
0509999999. Total - U.S. States. Terr	ritories and Possessions Bonds					0	0	(
0709999999. Total - U.S. Political Sul						0	0	
09099999999999999999999999999999999999						0	0	
ALIMENTATION COUCHE-TARD CP			06/16/2022	1.930	07/07/2022	3.998.712	0	3,216
AMCOR FLEXIBLES NA CP 4 2 1			06/27/2022	2.000	07/15/2022	4,996,110		
AMEREN ILLINOIS CO CP 3(A)3			06/27/2022	2.000	07/28/2022	9,984,998	0	1,66
AMPHENOL CORP CP 4(2) 144A			06/28/2022	1.900	07/19/2022	9,690,784	0	1.534
CIGNA CORP CP 4(2) 144A			06/13/2022	1.550	07/14/2022	6,146,555	0	4,764
	144A		06/16/2022	2.020	07/28/2022	4,063,829	0	3,420
DOVER CORP CP 4(2) 144A			06/28/2022	1.850	07/05/2022	6,577,647	0	1,014
ENTERGY CORP CP 4(2) 144A			06/22/2022	1.950	07/19/2022		0	3,975
FIDELITY NATL INFO SERV CP	42144A		06/16/2022	2.050	07/12/2022	9,094,295	0	7,768
HUMANA INC CP 4(2) 144A			06/09/2022	1.520	07/12/2022	5,729,335	0	5,322
HYUNDAI CAPITAL AMERICA CP			06/23/2022	1.990	07/13/2022	5,006,675 	0	2,214
ITC HOLDINGS CORP CP 4(2) 1			06/22/2022		07/21/2022 07/08/2022		u	5,239 7,642
LOUISVILLE GAS & ELEC CP 4(06/24/2022	2.450	07/25/2022	6.302.372		2,512
MCCORMICK & COMPANY INC CP			06/24/2022	1.950	07/25/2022	6,871,053	0	2,605
NASDAQ INC CP 4(2) 144A	T(2) 1770		06/14/2022	1.800	07/07/2022	8,647,403	0	
RAYTHEON TECH CORP CP 4(2)			06/30/2022	1.900	07/08/2022	9,996,306	0	. , , , , ,
ROCKWELL INTL CP 4(2) 144A			06/16/2022	1.750	07/11/2022		0	
RYDER SYSTEMS CP			06/15/2022	1.920	07/18/2022	5,018,442	0	4,282
SONY CAPITAL CORP CP 4(2) 1			06/28/2022	1.900	07/05/2022	6,997,522	0	1, 108
UNION PACIFIC COR[CP 4(2)1			06/16/2022	1.800	07/13/2022	3,193,082	0	2,395
UNION PACIFIC COR[CP 4(2)1	44a		06/30/2022	1.750	07/18/2022	941,222	0	46
VF CORPORATION CP 4(2) VIRGINIA ELEC & PR CO CP 3(1) 0		06/16/2022	2.000 1.420	07/28/2022		0	5,117 7,906
WASHINGTON GAS LIGHT CO CP			06/08/2022	1.420	07/19/202207/12/2022			
CANADIAN PACIFIC R R CO CP			06/28/2022	1.900	07/11/2022	8,993,250	U	1,899
NUTRIEN LTD CP 4(2) 144A	T(2) ITTN		06/28/2022	1.950	07/15/2022	4,400,660	0	715
TRANSCANADA PIPELINES CP 4(2) 144A		06/28/2022	2.020	07/12/2022	.5,611.532	0	945
	strial and Miscellaneous (Unaffiliated) - Issuer Obligations			,		176,923,267	0	86.597
1109999999. Total - Industrial and Mi	······································					176.923.267	0	86.597
1309999999. Total - Hybrid Securities						170,923,207	0	00,397
15099999999. Total - Parent. Subsidia						· ·	<u> </u>	
						0	0	(
1909999999. Subtotal - Unaffiliated B						0	0	
2419999999. Total - Issuer Obligation						176,923,267	0	86,597
24299999999. Total - Residential Morte	gage-Backed Securities	·				0	0	
2439999999. Total - Commercial Mor	tgage-Backed Securities					0	0	(
2449999999. Total - Other Loan-Back						0	n	(
2459999999. Total - SVO Identified F						0	0	(
24699999999. Total - Affiliated Bank L						0	<u> </u>	(
						Ů	<u> </u>	,
2479999999. Total - Unaffiliated Bank	(LOBIIS					0	0	(
2509999999. Total Bonds						176,923,267	0	86,59
60934N-50-0 FEDERATED INVESTORS INC TRE			12/08/2021	0.000			0	
60934N-50-0 FEDERATED INVESTORS INC TRE			06/29/2022	0.000		237	1	
	ey Market Mutual Funds - as Identified by the SVO					237	1	(
8609999999 - Total Cash Equivalents						176,923,504	1	86,597